

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/310 880
APPLICANT(S)

FILING DATE
5-14-99

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63	/					
14							64		/				
15							65		/				
16							66		/				
17							67		/				
18							68	/					
19							69	/					
20							70		/				
21							71		/				
22							72		/				
23							73		/				
24							74		/				
25							75	/					
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL INC.						
TOTAL DEP.	10						TOTAL DEP.						
TOTAL CLAIMS	13						TOTAL CLAIMS						